

SWIM PASS APPLICATION FORM

<u>Check one</u>	<u>Check one</u>	<u>Check one</u>
<input type="checkbox"/> Family	<input type="checkbox"/> Resident	<input type="checkbox"/> Colburn
<input type="checkbox"/> Adult	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Joannes
<input type="checkbox"/> Student		<input type="checkbox"/> Resch
<input type="checkbox"/> Sr. Citizen		

Charge Info: (Circle One) - Visa, MasterCard, Discover	
Credit Card #	Expiration Date
Card Holder (Print Name)	Payment Amount
Authorized Signature	

Make Checks payable to Green Bay Parks Department

Address			
Street	City	Zip	

Telephone Number _____ E-Mail Address _____

Adult Names	D.O.B	Student Names	D.O.B	Age
Limit 2 adults per pass				

MAIL TO: SWIM PASS
GREEN BAY PARKS, RECREATION & FORESTRY
100 N JEFFERSON ST ROOM 510
GREEN BAY WI 54301